

State of Washington



# HEALTH INSURANCE CONSUMER ACTION KIT 2002

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## **HEALTH INSURANCE CONSUMER ACTION KIT**

For additional copies of this kit, call 1-800-562-6900 or visit the Insurance Commissioner's web page at [www.insurance.wa.gov](http://www.insurance.wa.gov)

### **HOT LINES:**

Here are toll-free numbers at the Office of the Insurance Commissioner that consumers can call with questions or to resolve problems with insurance carriers:

**GENERAL INSURANCE CONSUMER HOT LINE:** Available to all consumers who feel they have not been treated fairly or who want to talk to an insurance expert about their concerns. For questions about any kind of insurance, including health, auto, homeowner or life insurance.

**1-800-562-6900**

**SHIBA HELPLINE:** Connects consumers across the state with a corps of volunteers known as Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine. SHIBA HelpLine volunteers assist consumers with choices and problems involving private health insurance, government programs (Medicare, Medicaid, Basic Health Plan, Children's Health Insurance Program, and the Washington State Health Insurance Pool), Medicare supplements, employment-related health benefits, managed care, long-term care insurance, and fraud/abuse questions.

**1-800-397-4422**

**TOLL-FREE WSHIP LINE:** The Washington State Health Insurance Pool is an assigned risk pool open to any Washington resident turned down for individual coverage. WSHIP also is the agency that designed and supervised the health screen mandated by the 2000 Legislature.

**1-800-877-5187**

[www.onlinehealthplan.com](http://www.onlinehealthplan.com)

**THE INTERNET:** Additional consumer information is available on the OIC Web Site, which can be accessed at [www.insurance.wa.gov](http://www.insurance.wa.gov). You can also use the Internet site to forward queries or file complaints with the Office of the Insurance Commissioner.

# **HOW TO SHOP FOR HEALTH INSURANCE**

## **Make certain first:**

- **The insurance you buy fits your needs.**
- **And that you receive the best price for the coverage.**

**Define your needs:** The most important thing is to define your own health needs. Look at two or three different plans, and be sure to compare them against your needs. Be sure you understand the benefits as they are listed. Some policies do not cover everything. Others may have waiting periods before any coverage goes into effect. Are there special requirements when it comes to getting your benefits? For example, do you need prior authorization for certain things and how do you get it? Finally, look at what will NOT be covered by the contract, not just what will be.

Don't hesitate to ask questions. For example, if you want maternity coverage but none of the policies you are shown include it, you should ask for a policy that does.

Another caution: It's easy to compare rates alone. This action kit (and the Office of the Insurance Commissioner's web page) include rate tables for the individual market, by carrier and by policies. However, your shopping should never be based on rates alone. Be sure to compare benefits as well, and make sure the total package fits your needs and resources.

**Health Screening and the Individual Market:** Under a law passed by the 2000 session of the Legislature, most health-insurance applicants in the individual market will be required to undergo a "health screen." The screen is a questionnaire designed by the Washington State Health Insurance Pool (WSHIP) to identify the 8% sickest (i.e., most costly) applicants for health insurance, based on their health history. If an applicant is identified as too sick for normal individual coverage, those applicants may be turned down by carriers. However, those applicants will be able to buy superior coverage in the WSHIP pool at higher rates. WSHIP members will be able to select between network and fee-for-service plans, as well as different deductible amounts, both potential ways of lowering what they pay for health coverage. Some discounts also will be available for WSHIP members after January 1, 2001. For questions about the health screen questionnaire, its scoring, and WSHIP coverage and rates, call WSHIP at 1-800-877-5187 or visit the WSHIP web site at <http://www.onlinehealthplan.com/oasys/wship/>

**Who has to take the Health Screen?** The new law generally applies to anyone buying new coverage without previous coverage. However, certain consumers will specifically NOT be required to undergo health screening. They include:

- People who have exhausted their COBRA coverage. This does not mean people have to wait for their COBRA coverage to expire before applying to a new plan. In fact, consumers should apply in advance, because new coverage typically will not begin for 30 days.
- Medicare beneficiaries who are losing their HMOs and looking for supplemental coverage to replace them.
- People seeking a different product because they are relocating from one area to another.
- People who are applying for new coverage in order to stay with their family doctor.

**Different kinds of companies:** There are several different ways to buy health insurance, and three different kinds of companies offer health insurance in Washington state. The three are Health Maintenance Organizations (HMOs), Health Care Service Contractors (HCSCs), and Commercial Insurance Companies.

Who you buy from is less important than making sure the benefits and the services you are purchasing fit you and your needs. But the difference between the three types of companies may be important to you. Coverage by HMOs or HCSCs, for example, can be more difficult for someone who moves around frequently.

**Managed care:** Most health insurance sold in Washington state today operates under the principle of managed care. Managed care is a philosophy of providing health care at the best and most efficient level; typically, managed care systems restrict their subscribers to a specified network of providers, and most require subscribers to deal with a Gatekeeper who tries to make sure that patients do not receive inappropriate health services or undergo lengthy and expensive procedures unnecessarily. Managed care systems differ a great deal, however. Some allow more freedom to select a personal physician or other specialist. They also may use different systems of payment, a small, upfront charge the consumer pays during an office visit. Depending on your personal circumstances, these differences may mean a great deal. Ask before you enroll about the managed care features of any plan and be sure you understand how they work.

**Insurance agents:** Many people buy health insurance from agents, who represent either specific companies or a number of companies. Others may buy direct from companies. Some companies sell their policies by mail; others may have offices that insurance purchasers can visit.

Agents earn a commission on your business and should do more than just sell you a policy. They should advise you, answer your questions, and assist you with your insurance claims. Do not hesitate to ask your agent about your insurance problems.

If you need additional information, contact the company that provides your coverage. You are their customer, and they should respond to you.

**Basic Health:** The state of Washington subsidizes a public health plan called Basic Health for people whose income is too high to qualify for public assistance (Medicaid) but too low to afford individual coverage. Basic Health benefits, rates, and other details are available by calling 1-800-826-2444 or visiting the Internet at [www.wa.gov/hca/basichealth.htm](http://www.wa.gov/hca/basichealth.htm)

#### Cautions:

- **No one way is right for everyone. But regardless of which way you choose, be cautious. Here is a list of specific concerns:**

- **Never deal with an unlicensed agent.** Ask to see his or her license. Companies also must be licensed. You can check on any company or insurance representative's licensed status by calling the Office of the Insurance Commissioner toll-free at 1-800-562-6900.

- **Never deal with a company whose stability is suspect.** A number of services provide reliable ratings of insurance companies' financial status. A brochure with quick and easy directions about checking a company's track record is available from the Office of the Insurance Commissioner by calling toll-free to 1-800-562-6900.

- **Never let yourself be pressured by any insurance sales representative.** You have the right to look at any policy before you buy it. You also should never buy because of a threat that "this coverage won't be available tomorrow." Report any inappropriate behavior to the Insurance Commissioner's investigators. You may call them at (360) 438-7631 or write: P.O. Box 40257, Olympia, Wash. 98504-0257.

- **Never buy an unfamiliar health insurance product without checking on it.** Trained, free, impartial counselors are available through the SHIBA (Statewide Health Insurance Benefits Advisors) HelpLine program. Contact them toll-free at 1-800-397-4422.

- **Never buy an insurance policy you do not understand.** Ask to see the benefits explained in writing -- in simple terms. Be sure to keep that piece of paper with the policy after you buy it.

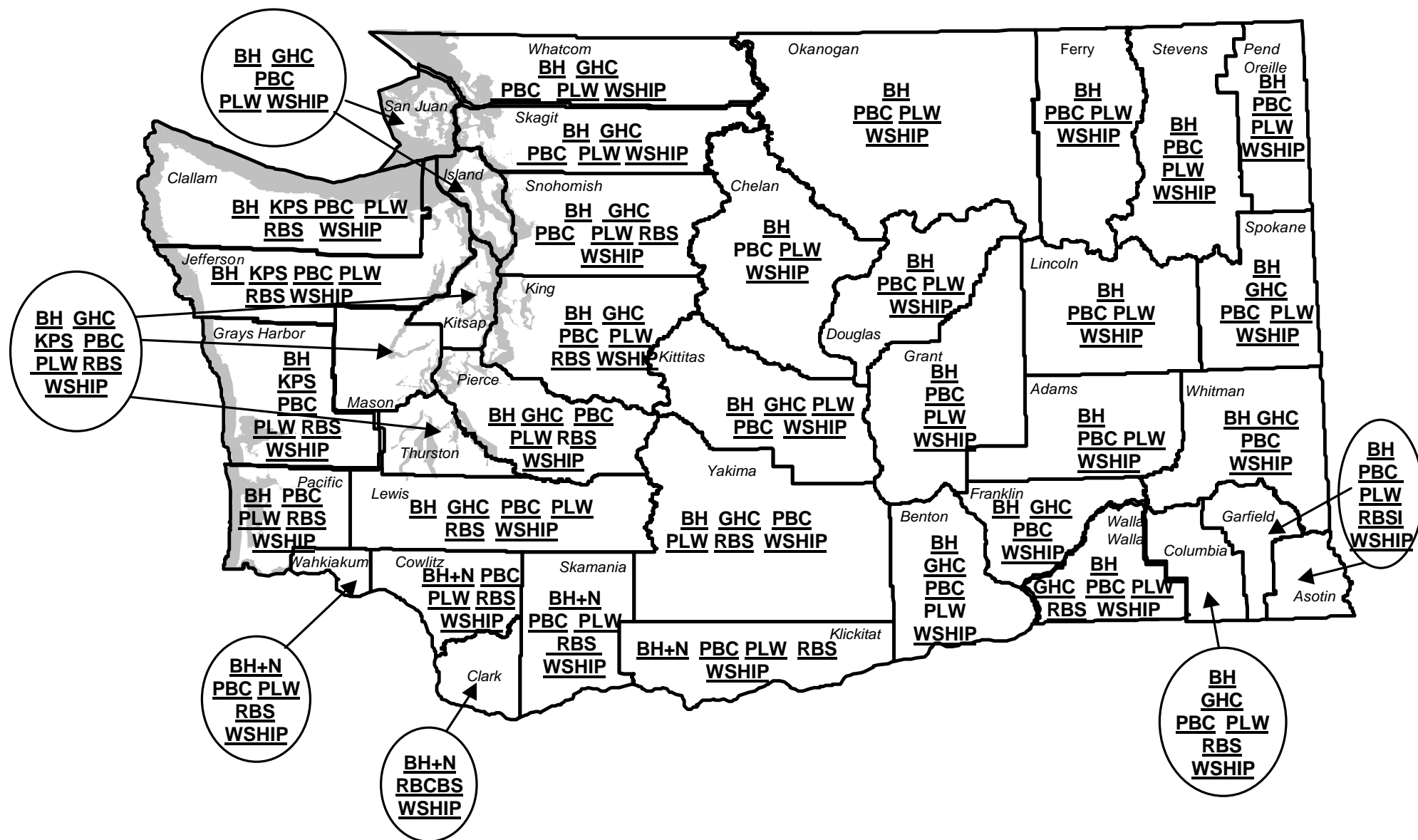
- **If you speak a language the insurance agent cannot understand, make sure that you arrange for an adult translator to accompany you.**
- **Before you buy, make sure you understand how to file a claim, where to send it, and how you will collect.** Ask the insurance representative if he knows of people in the community who will recommend the company.
- **Never give any insurance representative money or a check without getting a receipt.**
- **Finally, if it's too good to be true, it probably isn't true.**

**Contacting the companies:** Here are the major health insurers offering individual health insurance to residents in Washington state and the phone numbers you can use to contact them.

Basic Health of Washington State	1-800-826-2444
Grays Harbor	1-360-532-9320
Group Health Cooperative of Puget Sound (Eastern Washington)	1-800-358-8815
King County	1-206-464-3600
Kitsap Physicians Service	1-800-552-7114
PBC (MSC), Eastern Washington	1-800-572-0778
Pierce County	1-253-597-6500
Premera Blue Cross, Western Washington	1-800-PLAN-ONE (800-752-6663)
Premera Lifewise	1-800-611-4957
Regence BlueShield of Washington	1-206-464-3600
Regence Blue Shield of Idaho	1-800-632-2022
Regence Blue Shield of Oregon/HMO Oregon	1-800-547-0939
Regence Northwest Walla Walla County	1-800-462-5680

# Individual Plans by County

## January 16, 2002



## **Plan Abbreviations**

BH - Basic Health, Subsidized

BH+N - Basic Health, Subsidized and Non-subsidized

GHC - Group Health Cooperative

KPS - KPS Health Plans

PBC - Premera Blue Cross

PLW - Premera Lifewise Health Plan

RBS - Regence Blue Shield

RBCBS - Regence Blue Cross Blue Shield of Oregon

RBSI - Regence Blue Shield of Idaho

WSHIP - Washington State Health Insurance Pool



## Regence BlueShield

### 2002 Monthly Rates for New Individual Market Plans Rate Effective Date 1/1/2002

Plan Name	Smoker/Non-Smoker	First Child	Second + Child	Age Band 0-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Individual Selections 2001, \$500 Deductible	Smoker	\$78	\$70	\$96	\$118	\$144	\$184	\$215	\$245	\$292	\$360
	Non-Smoker	\$78	\$70	\$87	\$107	\$126	\$158	\$184	\$210	\$255	\$307
Individual Selections 2001, \$1,000 Deductible	Smoker	\$69	\$62	\$88	\$108	\$132	\$168	\$197	\$224	\$267	\$329
	Non-Smoker	\$69	\$62	\$80	\$98	\$115	\$144	\$168	\$192	\$233	\$281
Individual Selections 2001, \$1,500 Deductible	Smoker	\$31	\$28	\$36	\$45	\$57	\$71	\$81	\$93	\$112	\$134
	Non-Smoker	\$31	\$28	\$33	\$40	\$48	\$61	\$70	\$81	\$96	\$114
Individual PPO 2002, \$750 Deductible	Smoker	\$86	\$77	\$106	\$130	\$158	\$202	\$237	\$270	\$321	\$396
	Non-Smoker	\$86	\$77	\$96	\$118	\$139	\$174	\$202	\$231	\$281	\$338
Individual PPO 2002, \$1,500 Deductible	Smoker	\$34	\$31	\$40	\$50	\$63	\$78	\$89	\$102	\$123	\$147
	Non-Smoker	\$34	\$31	\$36	\$44	\$53	\$67	\$77	\$89	\$106	\$125

## Premera Blue Cross

### 2001 Monthly Rates for New Individual Market Plans Rate Effective Date 6/1/2001

Plan Name	Smoker/Non-Smoker	Per Child	Age Band 0-25	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65+
Traditional Option One \$500 Deductible	Smoker	\$89	\$156	\$156	\$190	\$203	\$252	\$300	\$363	\$382	\$413	\$413
	Non-Smoker	\$89	\$136	\$136	\$164	\$177	\$219	\$261	\$315	\$333	\$358	\$358
Personal Prudent Buyer Option One \$500 Deductible	Smoker	\$84	\$146	\$146	\$178	\$191	\$238	\$281	\$341	\$359	\$387	\$387
	Non-Smoker	\$84	\$128	\$128	\$155	\$166	\$206	\$245	\$296	\$312	\$337	\$337
Traditional Option Two \$500 Deductible	Smoker	\$101	\$177	\$177	\$214	\$230	\$286	\$340	\$412	\$434	\$468	\$468
	Non-Smoker	\$101	\$153	\$153	\$186	\$201	\$250	\$296	\$358	\$378	\$407	\$407
Personal Prudent Buyer Option Two \$500 Deductible	Smoker	\$94	\$164	\$164	\$200	\$214	\$267	\$317	\$382	\$403	\$435	\$435
	Non-Smoker	\$94	\$144	\$144	\$174	\$186	\$231	\$275	\$333	\$351	\$379	\$379
Traditional Option One \$1,000 Deductible	Smoker	\$82	\$143	\$143	\$173	\$185	\$230	\$273	\$330	\$348	\$375	\$375
	Non-Smoker	\$82	\$123	\$123	\$150	\$161	\$200	\$238	\$287	\$302	\$326	\$326
Personal Prudent Buyer Option One \$1,000 Deductible	Smoker	\$76	\$133	\$133	\$161	\$172	\$214	\$253	\$307	\$324	\$350	\$350
	Non-Smoker	\$76	\$114	\$114	\$140	\$150	\$186	\$220	\$267	\$281	\$303	\$303
Traditional Option Two \$1,000 Deductible	Smoker	\$91	\$160	\$160	\$194	\$208	\$258	\$307	\$371	\$391	\$421	\$421
	Non-Smoker	\$91	\$139	\$139	\$168	\$180	\$224	\$267	\$323	\$340	\$367	\$367
Personal Prudent Buyer Option Two \$1,000 Deductible	Smoker	\$85	\$149	\$149	\$180	\$194	\$240	\$285	\$345	\$364	\$392	\$392
	Non-Smoker	\$85	\$129	\$129	\$157	\$168	\$209	\$248	\$300	\$317	\$341	\$341
Traditional Catastrophic Option \$2,500 Deductible	Smoker	\$56	\$99	\$99	\$119	\$129	\$160	\$190	\$229	\$241	\$261	\$261
	Non-Smoker	\$56	\$85	\$85	\$105	\$112	\$139	\$164	\$200	\$211	\$227	\$227
Personal Prudent Buyer Catastrophic Option \$2,500 Deductible	Smoker	\$52	\$91	\$91	\$111	\$119	\$149	\$177	\$213	\$225	\$242	\$242
	Non-Smoker	\$52	\$80	\$80	\$97	\$104	\$129	\$153	\$185	\$196	\$211	\$211
Traditional Catastrophic Option \$5,000 Deductible	Smoker	\$46	\$80	\$80	\$97	\$105	\$130	\$155	\$188	\$197	\$213	\$213
	Non-Smoker	\$46	\$71	\$71	\$85	\$91	\$113	\$134	\$163	\$172	\$185	\$185
Personal Prudent Buyer Catastrophic Option \$5,000 Deductible	Smoker	\$43	\$74	\$74	\$91	\$97	\$121	\$144	\$174	\$184	\$197	\$197
	Non-Smoker	\$43	\$65	\$65	\$79	\$85	\$105	\$125	\$151	\$160	\$172	\$172
Traditional Catastrophic Option \$10,000 Deductible	Smoker	\$34	\$61	\$61	\$73	\$79	\$97	\$116	\$140	\$149	\$160	\$160
	Non-Smoker	\$34	\$52	\$52	\$63	\$68	\$85	\$101	\$122	\$129	\$139	\$139
Personal Prudent Buyer Catastrophic Option \$10,000 Deductible	Smoker	\$32	\$56	\$56	\$68	\$73	\$91	\$108	\$132	\$138	\$149	\$149
	Non-Smoker	\$32	\$49	\$49	\$60	\$63	\$79	\$94	\$114	\$121	\$129	\$129

## Group Health Cooperative of Puget Sound

2001 Monthly Rates for New Individual Market Plans  
Rate Effective Date 1/1/2001

Plan Name	Area	Child	Age Band 0-20	Age Band 21-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65+
Comprehensive \$500 Deductible	Western	\$95	\$107	\$107	\$131	\$146	\$153	\$161	\$164	\$183	\$214	\$272	\$360
	Eastern	\$105	\$118	\$118	\$144	\$161	\$168	\$177	\$180	\$201	\$235	\$299	\$396
	Central	\$116	\$131	\$131	\$160	\$178	\$187	\$196	\$200	\$223	\$261	\$332	\$439
Catastrophic \$1,500 Deductible	Western	\$47	\$45	\$45	\$46	\$52	\$56	\$65	\$72	\$85	\$104	\$133	\$156
	Eastern	\$52	\$50	\$50	\$51	\$57	\$62	\$72	\$79	\$94	\$114	\$146	\$172
	Central	\$57	\$55	\$55	\$56	\$63	\$68	\$79	\$88	\$104	\$127	\$162	\$190
Catastrophic \$2,500 Deductible	Western	\$42	\$40	\$40	\$41	\$46	\$50	\$57	\$64	\$75	\$90	\$115	\$135
	Eastern	\$46	\$44	\$44	\$45	\$51	\$55	\$63	\$70	\$83	\$99	\$127	\$149
	Central	\$51	\$49	\$49	\$50	\$56	\$61	\$70	\$78	\$92	\$110	\$140	\$165

## KPS Health Plan

### 2001 Monthly Rates for Individual Market Plans

Rate Effective Date 11/1/2000

Plan Name	Child/ Children	Age Band 0-20	Age Band 21-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65+
Classic Choice Plan \$500 Deductible	\$45.30 (Per child)	\$88.25	\$88.25	\$109.25	\$130.15	\$146.70	\$178.05	\$181.85	\$251.10	\$288.85	\$353.20	\$353.20
Essential Choice Plan \$1,500 Deductible	\$27.50 (Per child)	\$53.55	\$53.55	\$66.30	\$78.95	\$89.00	\$108.00	\$110.30	\$152.35	\$175.25	\$214.25	\$214.25
Essential Choice Plan \$2,500 Deductible	\$22.70 (Per child)	\$44.20	\$44.20	\$54.70	\$65.15	\$73.45	\$89.15	\$91.05	\$125.70	\$144.60	\$176.80	\$176.80
Essential Choice Plan \$5,000 Deductible	\$16.95 (Per child)	\$33.05	\$33.05	\$40.90	\$48.75	\$54.90	\$66.65	\$68.10	\$94.00	\$108.15	\$132.20	\$132.20

Regence BlueShield of Oregon

2001 Monthly Rates for Individual Market Plans  
Rate Effective Date 6/1/2001

Plan Name	Smoker/Non-Smoker	Age Band 0-20	Age Band 21-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Chec Plan \$1,000 Deductible	Smoker Individual	\$146	\$168	\$200	\$237	\$251	\$282	\$307	\$336	\$381	\$416
	Smoker Married Couple	\$292	\$336	\$400	\$474	\$502	\$564	\$614	\$672	\$762	\$832
	Smoker 1 Adult & Children	\$225	\$259	\$308	\$365	\$387	\$434	\$473	\$517	\$587	\$641
	Smoker Family	\$425	\$470	\$565	\$622	\$661	\$670	\$689	\$722	\$819	\$893
	Non-Smoker Individual	\$129	\$150	\$181	\$213	\$224	\$253	\$277	\$304	\$343	\$377
	Non-Smoker Married Couple	\$258	\$300	\$362	\$426	\$448	\$506	\$554	\$608	\$686	\$754
	Non-Smoker One Adult & Children	\$199	\$231	\$279	\$328	\$345	\$390	\$427	\$468	\$528	\$581
	Non-Smoker Family	\$385	\$422	\$504	\$565	\$599	\$601	\$619	\$654	\$742	\$809
Chec Plan \$2,500 Deductible	Smoker Individual	\$118	\$135	\$162	\$193	\$205	\$229	\$251	\$274	\$311	\$340
	Smoker Married Couple	\$236	\$270	\$324	\$386	\$410	\$458	\$502	\$548	\$622	\$680
	Smoker One Adult & Children	\$182	\$208	\$249	\$297	\$316	\$353	\$387	\$422	\$479	\$524
	Smoker Family	\$333	\$388	\$466	\$500	\$532	\$545	\$562	\$600	\$678	\$742
	Non-Smoker Individual	\$107	\$123	\$148	\$176	\$184	\$206	\$227	\$245	\$279	\$304
	Non-Smoker Married Couple	\$214	\$246	\$296	\$352	\$368	\$412	\$454	\$490	\$558	\$608
	Non-Smoker One Adult & Children	\$165	\$189	\$228	\$271	\$283	\$317	\$350	\$377	\$430	\$468
	Non-Smoker Family	\$298	\$340	\$407	\$453	\$482	\$483	\$498	\$534	\$606	\$659
Chec Plan \$5,000 Deductible	Smoker Individual	\$95	\$110	\$133	\$155	\$162	\$181	\$200	\$218	\$247	\$270
	Smoker Married Couple	\$190	\$220	\$266	\$310	\$324	\$362	\$400	\$436	\$494	\$540
	Smoker One Adult & Children	\$146	\$169	\$205	\$239	\$249	\$279	\$308	\$336	\$380	\$416
	Smoker Family	\$272	\$305	\$368	\$404	\$431	\$432	\$445	\$476	\$538	\$587
	Non-Smoker Individual	\$84	\$98	\$117	\$139	\$148	\$162	\$179	\$195	\$223	\$244
	Non-Smoker Married Couple	\$168	\$196	\$234	\$278	\$296	\$324	\$358	\$390	\$446	\$488
	Non-Smoker One Adult & Children	\$129	\$151	\$180	\$214	\$228	\$249	\$276	\$300	\$343	\$376
	Non-Smoker Family	\$239	\$270	\$327	\$356	\$378	\$385	\$395	\$426	\$483	\$527
Preferred Chec Plan \$1,000 Deductible	Smoker Individual	\$118	\$135	\$162	\$193	\$205	\$229	\$251	\$274	\$311	\$340
	Smoker Married Couple	\$236	\$270	\$324	\$386	\$410	\$458	\$502	\$548	\$622	\$680
	Smoker One Adult & Children	\$182	\$208	\$249	\$297	\$316	\$353	\$387	\$422	\$479	\$524
	Smoker Family	\$350	\$377	\$451	\$504	\$534	\$554	\$572	\$604	\$688	\$748
	Non-Smoker Individual	\$110	\$124	\$150	\$178	\$188	\$210	\$230	\$253	\$284	\$311
	Non-Smoker Married Couple	\$220	\$248	\$300	\$356	\$376	\$420	\$460	\$506	\$568	\$622
	Non-Smoker One Adult & Children	\$169	\$191	\$231	\$274	\$290	\$323	\$354	\$390	\$437	\$479
	Non-Smoker Family	\$315	\$349	\$418	\$462	\$489	\$527	\$543	\$551	\$625	\$682

## Regence BlueShield of Idaho

### 2001 Monthly Rates for Individual Market Plans

Rate Effective Date 9/1/2001

Plan Name	Smoker/ Nonsmoker	Child/ Children	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	65+ Medicare Secondary	65+ Medicare Primary
Protection Plus \$750 Deductible	Nonsmoking	\$161/Child \$248/Children	\$165	\$192	\$223	\$265	\$309	\$353	\$416	\$474	\$599	\$599	\$183
	Standard	\$181/Child \$279/Children	\$186	\$216	\$252	\$297	\$347	\$397	\$468	\$533	\$673	\$673	\$207
Protection Plus \$5,000 Deductible	N/A	\$66/Child \$101/Children	\$68	\$78	\$91	\$108	\$126	\$144	\$170	\$194	\$244	\$244	\$75

## Premera Lifewise Health Plan

2001 Monthly Rates for New Individual Market Plans  
Rate Effective Date 11/1/2001 to 1/31/2002

Plan Name	Smoker/Non-Smoker	Per Child	Age Band 0-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65+
Choice70 Plan \$500 Deductible	Smoker	\$64.98	\$100.05	\$124.14	\$139.09	\$183.91	\$213.82	\$245.67	\$297.86	\$360.14	\$360.14
	Non-Smoker	\$64.98	\$85.82	\$106.48	\$119.30	\$157.75	\$183.40	\$210.72	\$255.49	\$308.90	\$308.90
Preferred70 Program \$500 Deductible	Smoker	\$60.43	\$93.05	\$115.45	\$129.35	\$171.04	\$198.86	\$228.48	\$277.01	\$334.93	\$334.93
	Non-Smoker	\$60.43	\$79.81	\$99.03	\$110.95	\$146.71	\$170.57	\$195.97	\$237.60	\$287.28	\$287.28
Choice80 Plan \$500 Deductible	Smoker	\$72.59	\$111.75	\$138.67	\$155.36	\$205.43	\$238.84	\$274.42	\$332.71	\$402.27	\$402.27
	Non-Smoker	\$72.59	\$95.86	\$118.94	\$133.26	\$176.21	\$204.87	\$235.38	\$285.38	\$345.05	\$345.05
Preferred80 Program \$500 Deductible	Smoker	\$67.52	\$103.95	\$128.98	\$144.51	\$191.09	\$222.16	\$255.26	\$309.48	\$374.18	\$374.18
	Non-Smoker	\$67.52	\$89.16	\$110.63	\$123.95	\$163.90	\$190.56	\$218.94	\$265.45	\$320.95	\$320.95
Choice70 Plan \$1,000 Deductible	Smoker	\$59.20	\$91.14	\$113.09	\$126.71	\$167.54	\$194.79	\$223.81	\$271.35	\$328.08	\$328.08
	Non-Smoker	\$59.20	\$78.18	\$97.00	\$108.68	\$143.71	\$167.08	\$191.97	\$232.75	\$281.41	\$281.41
Preferred70 Program \$1,000 Deductible	Smoker	\$55.10	\$84.84	\$105.27	\$117.95	\$155.96	\$181.32	\$208.33	\$252.59	\$305.39	\$305.39
	Non-Smoker	\$55.10	\$72.77	\$90.30	\$101.17	\$133.77	\$155.53	\$178.69	\$216.65	\$261.95	\$261.95
Choice80 Plan \$1,000 Deductible	Smoker	\$65.49	\$100.85	\$125.13	\$140.20	\$185.38	\$215.53	\$247.64	\$300.25	\$363.02	\$363.02
	Non-Smoker	\$65.49	\$86.50	\$107.33	\$120.26	\$159.01	\$184.87	\$212.41	\$257.53	\$311.37	\$311.37
Preferred80 Program \$1,000 Deductible	Smoker	\$60.95	\$93.85	\$116.44	\$130.46	\$172.51	\$200.57	\$230.44	\$279.40	\$337.81	\$337.81
	Non-Smoker	\$60.95	\$80.50	\$99.88	\$111.90	\$147.97	\$172.03	\$197.66	\$239.65	\$289.75	\$289.75
Share Traditional Plan \$2,500 Deductible	Smoker	\$40.42	\$62.23	\$77.22	\$86.51	\$114.39	\$133.00	\$152.81	\$185.28	\$224.00	\$224.00
	Non-Smoker	\$40.42	\$53.38	\$66.23	\$74.21	\$98.12	\$114.08	\$131.07	\$158.91	\$192.14	\$192.14
Share PPO Program \$2,500 Deductible	Smoker	\$37.62	\$57.93	\$71.88	\$80.53	\$106.49	\$123.80	\$142.25	\$172.46	\$208.52	\$208.52
	Non-Smoker	\$37.62	\$49.69	\$61.65	\$69.08	\$91.34	\$106.19	\$122.01	\$147.93	\$178.85	\$178.85
Share Traditional Plan \$5,000 Deductible	Smoker	\$33.00	\$50.82	\$63.06	\$70.66	\$93.43	\$108.62	\$124.80	\$151.32	\$182.95	\$182.95
	Non-Smoker	\$33.00	\$43.59	\$54.09	\$60.61	\$80.14	\$93.17	\$107.05	\$129.79	\$156.92	\$156.92
Share PPO Program \$5,000 Deductible	Smoker	\$30.73	\$47.32	\$58.72	\$65.79	\$86.99	\$101.14	\$116.20	\$140.89	\$170.34	\$170.34
	Non-Smoker	\$30.73	\$40.59	\$50.37	\$56.43	\$74.62	\$86.75	\$99.67	\$120.85	\$146.11	\$146.11
Share Traditional Plan \$10,000 Deductible	Smoker	\$24.88	\$38.32	\$47.55	\$53.27	\$70.44	\$81.89	\$94.09	\$114.08	\$137.93	\$137.93
	Non-Smoker	\$24.88	\$32.87	\$40.78	\$45.69	\$60.42	\$70.24	\$80.71	\$97.85	\$118.31	\$118.31
Share PPO Program \$10,000 Deductible	Smoker	\$23.13	\$35.62	\$44.19	\$49.52	\$65.47	\$76.12	\$87.46	\$106.04	\$128.21	\$128.21
	Non-Smoker	\$23.13	\$30.55	\$37.91	\$42.47	\$56.16	\$65.29	\$75.02	\$90.95	\$109.97	\$109.97

## Premera Lifewise Health Plan

### 2002 Monthly Rates for New Individual Market Plans

Rate Effective Date 2/1/2002 to 4/30/2002

Plan Name	Smoker/Non-Smoker	Per Child	Age Band 0-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	Age Band 65+
Choice70 Plan \$500 Deductible	Smoker	\$67.25	\$103.55	\$128.49	\$143.96	\$190.35	\$221.31	\$254.27	\$308.29	\$372.74	\$372.74
	Non-Smoker	\$67.25	\$88.82	\$110.21	\$123.48	\$163.27	\$189.82	\$218.10	\$264.43	\$319.71	\$319.71
Preferred70 Program \$500 Deductible	Smoker	\$62.54	\$96.30	\$119.49	\$133.88	\$177.03	\$205.82	\$236.47	\$286.71	\$346.65	\$346.65
	Non-Smoker	\$62.54	\$82.60	\$102.49	\$114.83	\$151.84	\$176.54	\$202.83	\$245.92	\$297.33	\$297.33
Choice80 Plan \$500 Deductible	Smoker	\$75.13	\$115.67	\$143.52	\$160.80	\$212.62	\$247.20	\$284.02	\$344.36	\$416.35	\$416.35
	Non-Smoker	\$75.13	\$99.21	\$123.10	\$137.92	\$182.37	\$212.03	\$243.62	\$295.37	\$357.12	\$357.12
Preferred80 Program \$500 Deductible	Smoker	\$69.88	\$107.59	\$133.50	\$149.57	\$197.77	\$229.94	\$264.19	\$320.31	\$387.28	\$387.28
	Non-Smoker	\$69.88	\$92.28	\$114.51	\$128.29	\$169.64	\$197.23	\$226.61	\$274.74	\$332.18	\$332.18
Choice70 Plan \$1,000 Deductible	Smoker	\$61.27	\$94.33	\$117.05	\$131.14	\$173.41	\$201.61	\$231.64	\$280.85	\$339.57	\$339.57
	Non-Smoker	\$61.27	\$80.91	\$100.40	\$112.49	\$148.74	\$172.93	\$198.69	\$240.90	\$291.26	\$291.26
Preferred70 Program \$1,000 Deductible	Smoker	\$57.03	\$87.81	\$108.96	\$122.08	\$161.42	\$187.67	\$215.62	\$261.43	\$316.08	\$316.08
	Non-Smoker	\$57.03	\$75.32	\$93.46	\$104.71	\$138.45	\$160.97	\$184.95	\$224.24	\$271.11	\$271.11
Choice80 Plan \$1,000 Deductible	Smoker	\$67.79	\$104.38	\$129.51	\$145.11	\$191.87	\$223.08	\$256.31	\$310.76	\$375.72	\$375.72
	Non-Smoker	\$67.79	\$89.53	\$111.09	\$124.46	\$164.58	\$191.34	\$219.84	\$266.55	\$322.27	\$322.27
Preferred80 Program \$1,000 Deductible	Smoker	\$63.09	\$97.13	\$120.52	\$135.03	\$178.55	\$207.59	\$238.51	\$289.18	\$349.63	\$349.63
	Non-Smoker	\$63.09	\$83.31	\$103.37	\$115.82	\$153.15	\$178.06	\$204.58	\$248.04	\$299.89	\$299.89
Share Traditional Plan \$2,500 Deductible	Smoker	\$41.83	\$64.41	\$79.92	\$89.54	\$118.40	\$137.65	\$158.16	\$191.76	\$231.84	\$231.84
	Non-Smoker	\$41.83	\$55.25	\$68.55	\$76.80	\$101.55	\$118.07	\$135.66	\$164.48	\$198.86	\$198.86
Share PPO Program \$2,500 Deductible	Smoker	\$38.94	\$59.96	\$74.39	\$83.35	\$110.21	\$128.14	\$147.22	\$178.50	\$215.82	\$215.82
	Non-Smoker	\$38.94	\$51.43	\$63.81	\$71.49	\$94.54	\$109.91	\$126.28	\$153.11	\$185.11	\$185.11
Share Traditional Plan \$5,000 Deductible	Smoker	\$34.16	\$52.60	\$65.27	\$73.13	\$96.70	\$112.42	\$129.17	\$156.61	\$189.35	\$189.35
	Non-Smoker	\$34.16	\$45.12	\$55.99	\$62.73	\$82.94	\$96.43	\$110.79	\$134.33	\$162.41	\$162.41
Share PPO Program \$5,000 Deductible	Smoker	\$31.81	\$48.98	\$60.77	\$68.09	\$90.04	\$104.68	\$120.27	\$145.83	\$176.31	\$176.31
	Non-Smoker	\$31.81	\$42.01	\$52.13	\$58.40	\$77.23	\$89.79	\$103.16	\$125.08	\$151.22	\$151.22
Share Traditional Plan \$10,000 Deductible	Smoker	\$25.76	\$39.66	\$49.21	\$55.14	\$72.90	\$84.76	\$97.39	\$118.07	\$142.76	\$142.76
	Non-Smoker	\$25.76	\$34.02	\$42.21	\$47.29	\$62.53	\$72.70	\$83.53	\$101.28	\$122.45	\$122.45
Share PPO Program \$10,000 Deductible	Smoker	\$23.94	\$36.86	\$45.74	\$51.25	\$67.76	\$78.79	\$90.52	\$109.75	\$132.70	\$132.70
	Non-Smoker	\$23.94	\$31.62	\$39.23	\$43.96	\$58.12	\$67.58	\$77.64	\$94.14	\$113.82	\$113.82



## ALTERNATIVES TO THE INDIVIDUAL MARKET

**Alternatives to the Individual market:** When the three biggest health insurance companies in the state stopped selling new policies in the individual market over the past two years, many shoppers were forced to seek other alternatives. One group in particular, early retirees between the ages of 50 and 65, had come to rely on the individual market between the time they left their employer-based plans and before they could qualify for Medicare. Fortunately, there were some alternatives for many of those in the market for that kind of coverage. Some of those options continue today, although people should be aware of the differences in coverage when they purchase different kinds of plans. Those options include:

- The group market (where single-proprietor businesses or self-employed people qualify as “**groups of one**”). Basically, Washington state law allows single-owner businesses to buy in the group market even though the only people covered under the plan will be the business owner and his or her dependents. Some carriers have not been eager to market these plans, but state law requires they be available. Consumers who encounter resistance may contact the Office of the Insurance Commissioner for advice or assistance at 1-800-562-6900.
- Another kind of group plan is sometimes offered through **professional organizations** -- such as local boards of Realty, or the chamber of commerce in a community. These health plans are often accessible to people in a particular industry, profession or professional group.
- So-called **association plans** offer a different kind of coverage than major medical. Although there are similarities, it is important for shoppers to realize that they should be very specific about the benefits they are purchasing. In some cases, it may be advisable to purchase riders, or endorsements, to the basic coverage to make sure you have a complete package of benefits. While association plans are offered statewide and often at very competitive rates, the OIC regularly encounters association subscribers who did not understand the benefits they purchased and are disappointed to learn that an illness or treatment falls outside the terms of coverage.

## **HEALTH INSURANCE OPTIONS IN THE INDIVIDUAL MARKET January 2002**

*Note: The following information is accurate as of 01/15/02.*

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### **1. Group Coverage**

- a) If either you or your spouse is working, you may be able to obtain health benefits through the employer. Check with the company's Human Resources department.
- b) If you are leaving your job, divorcing an employed person, or otherwise being separated from an employment-related plan, you should ask the employer if you are eligible for **COBRA** benefits. COBRA enrollees can continue benefits at their own cost for up to 18 months. Spouses and dependents can continue benefits 18-36 months, depending on their circumstances.
- c) If you are self-employed, you may be eligible to purchase small group insurance from any carrier in the state. You can contact the Office of the Insurance Commissioner (OIC) for a complete list of health insurance carriers. Additionally, you may be eligible for health insurance through a religious, fraternal, or business association. Some of these health plans are not necessarily regulated by the OIC. Therefore, your rights and legal protections may be limited. For more information on these options, please visit the OIC web page at [www.insurance.wa.gov](http://www.insurance.wa.gov) or call the Consumer Hotline at 1-800-562-6900.

### **2. Individual Coverage**

#### **a) Basic Health**

If you meet the following income qualifications, you *may* be eligible for the Basic Health reduced premium program. Basic Health is a managed care plan offered through private insurance carriers. It is a comprehensive health plan with prescription drug coverage. Premiums are based on income, age, family size, location and choice of carrier. Premiums range from \$0-222.67 a month. Due to limited funding, there are currently delays in enrollment, and it may take a few months after your application is approved before your coverage begins.

## Basic Health Eligibility

# of Persons in Family	Gross Monthly Household Income
1	Up to \$1,431.73
2	Up to \$1,935.09
3	Up to \$2,438.45
4	Up to \$2,941.81
5	Up to \$3,445.17
6	Up to \$3,948.53
7	Up to \$4,451.88

## Basic Health Sample Premiums

Age	Basic Health
0 -18	\$0-50.78
19-39	\$10-101.57
40 - 54	\$10-130.22
55 - 64	\$10-222.67

**For more information regarding Basic Health, call 1-800-826-2444 or visit [www.wa.gov/hca/basichealth.htm](http://www.wa.gov/hca/basichealth.htm).**

***Note: Basic Health is no longer accepting any new members into their full-premium program.***

### **b) Private Insurance**

Private insurance carriers began offering individual health insurance policies 1/1/01. Legislation passed in March 2000 requires most individuals to pass a health screening questionnaire to qualify for individual coverage. If you qualify for private insurance, you may have up to a 9-month pre-existing condition waiting period for any health condition you have had in the past 6 months. This waiting period is waived if you have had at least 9 months of continuous comparable coverage immediately prior to applying for a new plan. *Catastrophic coverage is not deemed comparable.*

### **Health Screen**

Contact the health plan of your choice and they will send you an application packet. This packet will include the new health screening questionnaire. If you do not "pass" the health screen, you will become automatically eligible for health insurance through the Washington State Health Insurance Pool (WSHIP). For more information about WSHIP, see the WSHIP section below. With questions about the health screen, contact WSHIP at 1-866-

405-6148. This toll free number is only for questions about the health screen.

**Individuals Not Required To Take the Health Screen:**

Individuals are *not required* to take the health screen in the following instances:

- 1) they have exhausted their COBRA coverage; 2) they are following a doctor who left their previous plan; 3) they have moved out of their existing plan's service area.

**Commercial Plan Options**

*For detailed benefit descriptions and premiums, contact the carrier.*

County	Insurance Carrier	Phone
Benton, Columbia, Franklin, Grays Harbor (parts), Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima	Group Health Cooperative	800-358-8815
Jefferson, Kitsap, Mason, Thurston	KPS Health Plan	360-478-6796
All (except Clark)	Premera Blue Cross	800-345-6784
All (except Clark)	Premera Lifewise	888-836-6135
Clallam, Cowlitz, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish (including Stanwood), Thurston, Wahkiakum, Walla Walla, Whatcom, Yakima	Regence Blue Shield	888-344-8234
Asotin, Garfield	Regence Blue Shield of Idaho	800-632-2022
Clark	Regence Blue Shield of Oregon	800-258-3590

**c) Washington State Health Insurance Pool**

The Washington State Health Insurance Pool (WSHIP) provides health insurance for people who are unable to obtain coverage in the private marketplace. This plan provides comprehensive coverage, including a prescription drug benefit. Premiums are based on age and geographic location. *You are only eligible for this plan if you have failed the health screen for individual coverage.* If you do fail the health screen, the carrier you applied to will automatically send you an application for WSHIP.

There are two options available for people who are *not* on Medicare:

The Standard Plan (Plan 1), which is fee-for-service, allows you to go to the doctor of your choice; The Network Plan (Plan 3), which is a managed care plan, uses providers from the First Choice network.

- *Note: WSHIP also has a separate plan that is only available for people on Medicare (Plan 2.) This plan has different eligibility criteria.*

Premiums: In the fee-for-service plan, rates are set at 150% of the average market rate for comparable commercial coverage. Rates for the network plan (managed care) are set at 125% of the average market rate. Note: Some discount rates may apply. Please contact WSHIP for details.

**For further information about WSHIP, contact the administrator, OASYS:**

**800-877-5187**

**[www.onlinehealthplan.com](http://www.onlinehealthplan.com)**

#### **d. Children's Health Insurance**

Many children who don't qualify for Basic Health Plan are eligible for the Children's Health Insurance Program (CHIP). Premiums for this plan are \$10 per month per child, with a family maximum of \$30 per month. The following chart shows income limits to qualify for CHIP. These limits are in effect until 3/31/02. These income limits represent gross monthly household income *minus child care and other approved deductions*. This program is only available to children under the age of 19. Call the toll free number below for more specific information.

<b>Number of People in Family</b>	<b>Income Per Month</b>
1	\$1,433 - \$1,790
2	\$1,936 - \$2,419
3	\$2,440 - \$3,048
4	\$2,943 - \$3,678
5	\$3,446 - \$4,307
More	Add \$630 for each additional family member

**For more information about CHIP, call toll free  
1-877-543-7669**

*The appearance of a company on this list does not constitute an endorsement of a company or its policies by the Washington State Insurance Commissioner's Office, the SHIBA HelpLine, or its volunteers.*

**SHIBA HelpLine**

**1-800-397-4422 or visit our web page [www.insurance.wa.gov](http://www.insurance.wa.gov)**

# COMPARING HEALTH INSURANCE CARRIERS

## CHECKING OUT A HEALTH INSURANCE PROVIDER

Before you buy health coverage, find out about the company selling the plan. Here are key factors to consider:

- **Customer Service.** Find out how the company services its policyholders. Does the company have a toll-free customer service number?
- **Complaint History.** Has the company had an unusually high number of consumer complaints?
- **Licensing Status.** Make sure the insurance company is licensed to do business in Washington State.
- **Cost.** Premiums for health insurance will vary greatly because there are no standard plans. When you look at bids from several companies, you will also need to look carefully at the benefits offered.
- **Financial Stability.** Financial stability helps ensure that a company can pay its claims. In addition, Washington state law establishes requirements that each company must follow, and insurers are continually monitored by the Office of the Insurance Commissioner to make sure that insurance companies operating in the state are financially stable. Independent organizations also rate the financial stability of insurance companies. Your public library may have published ratings from these sources.

## QUESTIONS TO ASK

- What does the plan pay for and what does it exclude?
- Look in particular for preventive care, immunizations, well-baby care, substance abuse, organ transplants, durable medical equipment, or chiropractic care?
- Will the plan pay for prescriptions?
- Does the plan have mental health benefits?
- Will the plan pay for long term physical therapy?
- How much do you have to pay when you receive health care services (co-payments and deductibles)?
- Are there limits on how much you must pay for health care services you receive (out-of-pocket maximums)?
- Are there limits on the number of times you may receive a service (lifetime maximums or annual benefit caps)?
- Has the company had an unusually high number of consumer complaints?

- What happens when you call the company's consumer complaint number?
- How long does it take to reach a real person?

## **FILING A CLAIM**

### **Things to do *before* you file a claim:**

- Review your policy or employee booklet carefully to be sure the service in question is covered. If you have any reason to think that a health-care service may not be covered or that your carrier may not agree with your interpretation of the policy, talk it over NOW with your provider and with the insurance carrier. Resolving questions now can prevent much trouble later on. This also is an important time for your health care provider to speak up on your behalf. Your provider's support is an important criteria in determining services that are medically necessary.
- Most managed care systems require you to make a co-pay, and you may not have to handle any significant paperwork for a covered service. But don't assume a treatment or service is covered. Follow any managed care rules, including pre-certification requirements and use of network providers.
- Fill out any claim forms the provider or carrier gives you, with your policy number and other identifying information.

### **How to submit a claim yourself:**

- Find out if your provider submits the claim for you or if you need to do it.
- If you need to do it, review the information to be sure it is complete and correct.
- File it as soon as you get the bill from the provider.
- Send it to the right address.
- Keep a copy for your reference.

**Allow reasonable time for company to process your claim.** The company needs to inform you if it needs any additional information to complete the claim. Sometimes, it will request additional information directly from the providers or return the claim form to you to get more information. If the carrier denies your claim, it must send you an explanation of benefits that explains its decision.

**If your claim is denied:**

- The reason for denial should be stated on your explanation of benefits.
- If you disagree with the basis stated for denial, check your policy or employee booklet for the company's appeal procedures.
- The company should be able to answer procedural questions about appeals over the phone.
- Your appeal should be in writing and may require information from your doctor.

**FILING A COMPLAINT WITH THE COMMISSIONER:**

If you've tried unsuccessfully to resolve a claim problem with your company or agent and still believe you have a valid case, it is time to contact the Office of the Insurance Commissioner's Consumer Hot Line at 1-800-562-6900. The OIC investigates consumer complaints at no cost to the consumer. To speed processing of your inquiry or complaint:

- Call the Hot Line first to talk to a health insurance expert about your problem and gather any information that may be pertinent. You also can request a copy of the OIC complaint form be mailed to you. (The form also is available on the Insurance Commissioner's Web Site, <http://www.insurance.wa.gov>)
- Use the form to state your case briefly, but giving a full explanation of the problem. Be sure to include the name of your insurance carrier, policy number, the name of the agent or adjuster involved, and the name of your employer if the plan is through your work. **Also be sure to sign the medical release on the back of the form.**
- Supply any supporting documentation you have, including phone notes.
- State what has been done to resolve your problem, including who you talked to and what you were told.

The Insurance Commissioner's compliance officers will investigate your complaint and keep you advised of what has happened. If the insurer has erred, the compliance officer will work on your behalf to have the situation corrected. In some cases, the OIC investigation will find that a law has not been violated or that your carrier did not break its contract. That type of finding may not resolve arguments between a consumer and a carrier that are essentially questions of fact. These are the types of disputes that courts resolve, and legal action may be an option for you. If this applies to your case, the OIC investigator would advise you to consult a lawyer and discuss your options.



## **OTHER APPEALS**

- **Employer Plans:** If your plan is a “self-funded” benefit offered by an employer or bona fide union trust under a union contract, the state is prohibited under federal law from jurisdiction. Instead, you may file a complaint with the U.S. Department of Labor (DOL) Pension and Welfare Benefits Administration. You can reach the Seattle Regional Office of the DOL at (206) 553-4244. The DOL does not interpret provisions of any particular health benefit plan or require employers to pay claims, but may investigate your complaint. In certain disputes, the DOL also may suggest personal legal advice as your best option.
- **Government/Church Plans:** If the plan is self-funded but offered through a government or church employer, follow the appeals procedures outlined in your benefit booklet and other plan documents. In most cases ultimate responsibility for resolving these disputes rests with the governing body of the employer sponsoring the plan, such as a school board.
- **The Disabled:** If you have a disability, you may have certain protections available under the Americans with Disabilities Act (ADA) that apply specifically to self-funded coverage. You can reach the ADA Technical Assistance Center at 1-800-949-4232 or the U.S. Department of Justice at 1-800-514-0301 (voice) or 1-800-514-0383 (TDD).
- **SHIBA HelpLine:** 1-800-397-4422

## **OTHER INFORMATION THAT CAN HELP:**

The Office of the Insurance Commissioner publishes a number of additional fact sheets and health insurance brochures that can help you. You also can visit the OIC web site, <http://www.insurance.wa.gov>

## **TYPES OF HEALTH INSURANCE CARRIERS**

- **Health Maintenance Organization (HMO).** An HMO provides health services through a network of doctors, hospitals, laboratories, etc. The health care providers may either be HMO employees or have some other contract arrangement with the HMO. HMO plans typically pay providers a monthly set amount regardless of the amount of services performed. When you enroll in an HMO, you choose one of the doctors as your primary care provider (PCP) to manage your health care. Whenever you need health care, you first consult your primary care provider; he or she then may refer you to an HMO-approved specialist.

- **Health Care Service Contractor (HCSC).** Like HMOs, Health Care Service Contractors offer their services through networks of health care providers who agree by contract to work for the carrier. HCSCs are organized under a different section of Washington's insurance code, so they must follow their own set of regulations and requirements. However, there is sometimes little difference for the consumer – like HMOs, HCSCs are very often involved in managed care; both use co-pays. Consumers who want to choose between HMOs and HCSCs should review specific individual benefits – such as travel care, or reimbursement levels.
- **Commercial health insurance carriers.** In Washington state, HMOs and HCSCs provide the vast bulk of health insurance. However, commercial carriers – which are organized as traditional insurance companies – are also a significant player in the state's group insurance, selling to employers.
- Glossary:
  - Preferred Provider Organizations (PPO)** are not insurance carriers but groups of providers who sell their services by contract to carriers.
  - Fee-for-service** plans allow subscribers to select their own providers and receive direct reimbursement of valid health-care costs. Although these plans are less common today, they may be offered by either HCSCs or commercial carriers.
  - Point-of-service plans** allow their subscribers to go to providers outside the network, but usually do not reimburse costs at the same level as network providers.

**For more information, call the Consumer Advocacy Hotline, 1-800-562-6900.**